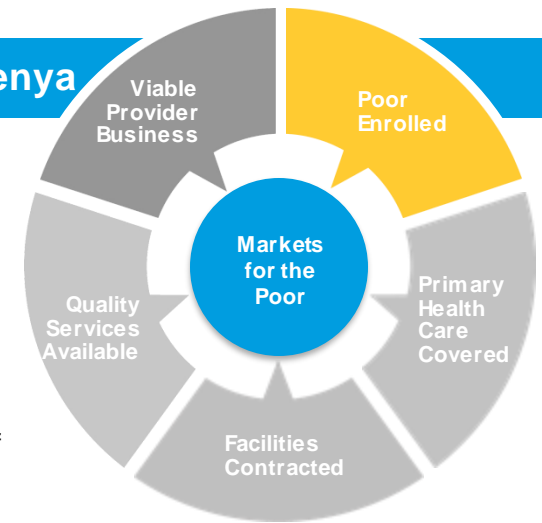


**AHME ran a survey of Health Insurance Subsidy Programme (HISP) beneficiaries in Kenya to learn more about healthcare utilisation patterns**



This snapshot examines findings from AHME’s survey of 1,050 HISP households in three counties in Kenya. It discusses what the results show about health seeking behaviour in this population, and identifies some of the barriers still in place to accessing care.



**Intervention**

In April 2014, the Kenyan government launched HISP, a new scheme to provide the poorest Kenyans with fully subsidised health insurance from the National Hospital Insurance Fund (NHIF), covering both inpatient and outpatient care in public and private health facilities. In the initial pilot phase, the scheme targeted 500 households identified as poor through the Orphans and Vulnerable Children (OVC) list in each of Kenya’s 47 counties. The first twelve months of the pilot focussed on sensitisation and registration activities, and beneficiaries started to access services from NHIF-empanelled facilities in April 2015.

To learn more about health seeking behaviour amongst HISP beneficiaries, AHME partners in Kenya engaged Community Health Volunteers (CHVs) to conduct surveys in three counties (Kisumu, Kwale, and Vihiga) during the six month period from October 2016 to March 2017. Each month, CHVs interviewed a representative from the same 1,050 households, comprised of 5,700 individuals, for a total of 6,300 interviews. 98% of the households interviewed for the survey were registered for HISP, though all households were eligible to enrol in the programme. This data was then analysed and compared to findings from a baseline survey conducted by the Population Council in September 2014.



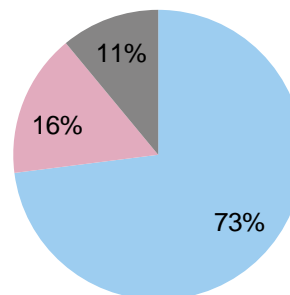
**Results**

The CHV-administered surveys found health-seeking behaviour increased amongst OVC households following HISP registration. Specifically, the proportion of ill individuals seeking care increased by 15 percentage points compared to the baseline survey, from 73% to 88%. In addition, the percentage of individuals who reported they did not consult a health provider due to cost decreased from 16% to 2%.

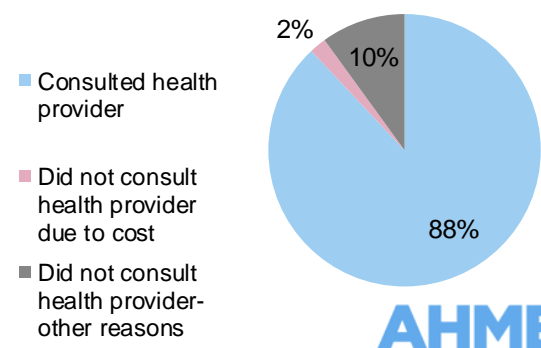
The charts below show a breakdown of how survey interviewees responded to an episode of illness or injury in the four weeks preceding the respective surveys.

**Response to an episode of illness in the preceding four weeks**

**Baseline Survey**



**CHV Surveys**



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**Examples and Evidence**

*“As a mother and caregiver to six children, HISP has made access to healthcare very easy for me and in particular for my youngest child who is under five years old. The only thing I have to worry about is my transport and that makes all the difference.”*

Edna, a HISP beneficiary

*“My daughter had developed complications [while giving birth]. When I took her to hospital, she was admitted, taken care of and discharged after the safe delivery of her baby. It is still hard to believe that I did not part with even a cent. I cannot be more satisfied that my family and I can access medical services whenever the need arises without worrying about the hospital bill. The NHIF/HISP cover is truly a blessing.”*

Mary, a HISP beneficiary



**Lessons Learned**

In the baseline survey, cost was identified as the number one barrier to seeking treatment. Once that barrier was removed by providing access to free healthcare through HISP, health-seeking behaviour increased.



**Outlook**

The CHV surveys showed that one third of HISP beneficiaries seeking treatment did not attend the facility where they were registered. The most common reason given for this was that the facility was too far, despite the fact that 90% of this group had themselves chosen where to register. Strategically supporting empanelment of facilities in underserved areas would be another step towards increasing access to healthcare for the poorest in Kenya.